

**L18000246664**

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 617-6383

**From:**

Account Name : NELSON MULLINS RILEY & SCARBOROUGH, LLP - JACKSONVILLE  
Account Number : 120130000058  
Phone : (904) 665-3631  
Fax Number : (904) 665-3641

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Email Address: ashcpa5@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DEERPARK COMMONS AT 207, LLC**

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**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: DEERPARK COMMONS AT 207, LLC

**SECOND:** The Florida Document number of the limited liability company is: L18000246664

**THIRD:** Document to be corrected is: ARTICLES OF ORGANIZATION

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Incorrect Name of Manager in Article IV.

Article IV - The name and address of person(s) authorized to manage LLC:

M. ASHRAF SHAIKH

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

- ☐ The electronic transmission of the record was defective.

/s/ Imraan Ansaarie, MD

10/24/2018

Signature of Authorized Representative Imraan Ansaarie, MD  
Member

Date

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
Registered Agent's Signature

Filing Fee: \$25.00  
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